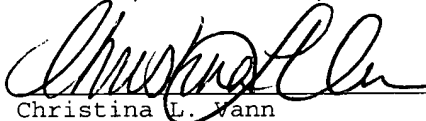




PATENT
RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3644

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 20, 2005.


Christina L. Vann

Appl No. : 10/731,665 Confirmation No. 6365
Applicant : Timothy Carver Wickle, et al.
Filed : December 9, 2003
Title : GRIP AND FIREARM WITH GRIP HAVING HINGED PULL TAB

TC/A.U. : 3644
Examiner : Bret C. Hayes

Docket No. : 50648/DBP/T522

Customer No. : 23363

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
May 20, 2005

Commissioner:

In response to the Office action of May 5, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

05/25/2005 MAHME1 00000012 10731665

01 FC:2201

400.00 DP



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

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Christina L. Vann

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
May 20, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED | | | | | | |
|--|---|-------------------------------|---------------------------|----------------------|----------------------|-----|
| | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
| Total Claims Fee | 20 | *21 | 0 | 0 x \$25.00 | 0 x \$50.00 | 0 |
| Independent Claims | 8 | ** 4 | 4 | 4 x \$100.00 | 0 x \$200.00 | 400 |
| Multiple Dependent Claims *** | | | | \$180.00 | \$360.00 | 0 |
| TOTAL FILING FEE | | | | | | 400 |
| NO ADDITIONAL FEE REQUIRED | IF NO FEE REQUIRED, INSERT "0" | | | | | |
| LIST INDEPENDENT CLAIMS: 1, 4, 6, 9, 12, 13, 20, and 21 | | | | | | |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME | | | | | | |

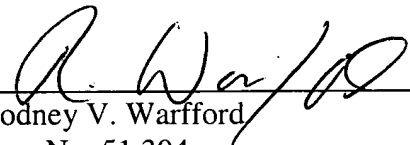
Amendment Transmittal Letter
Application No. 10/731,665

X Attached is our check for \$400 to pay the fees calculated above.
_____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Rodney V. Warfford
Reg. No. 51,304
626/795-9900

RVW/clv